



MISSOURI ETHICS COMMISSION
LOBBYIST REGISTRATION STATEMENT

DATE OF REPORT

LOBBYIST NAME

BUSINESS MAILING ADDRESS

CITY

STATE

ZIP CODE

BUSINESS PHONE

E-MAIL (REQUESTED)

Each lobbyist shall, not later than five days after beginning lobbying activities, file a Lobbyist Registration Statement with the Missouri Ethics Commission. After registering with the Missouri Ethics Commission, each lobbyist will receive a unique I.D. and password. This I.D. and password will allow the lobbyist to file all Lobbyist Monthly Expenditure Reports with the Commission electronically from this point forward. Each lobbyist registered shall remain registered as a lobbyist until he/she terminates his/her status electronically. Every lobbyist is required to file a Lobbyist Monthly Expenditure Report electronically. This report is due by the 10th of the following month. A late fee of \$10 a day is assessed for every day the report is not filed. Each lobbyist shall also file electronically an updating statement within one week of any addition, deletion, or change in lobbyist employment or representation. **Each Lobbyist Registration Statement must be accompanied by a check or money order made payable to the State of Missouri in the amount of ten dollars (\$10.00).**

PART 1 - REGISTRATION

Please indicate by checking the appropriate box(es):

- ☐ I lobby only in the Executive Branch, including any department, division, agency, board or commission of state government.
- ☐ I lobby only in the General Assembly.
- ☐ I lobby only in the Judicial Branch of state government.
- ☐ I lobby in the Executive Branch of state government, the General Assembly, and the Judicial Branch of state government.
- ☐ I am a state employee or board member engaged in lobbying activities.

PART II - PERSONS EMPLOYED BY LOBBYIST FOR LOBBYING PURPOSES

NAME	ADDRESS

PART III - NAME, ADDRESS, AND PHONE NUMBER OF PRINCIPAL, i.e., PERSON, BUSINESS ENTITY, GOVERNMENTAL ENTITY, RELIGIOUS ORGANIZATION, NON-PROFIT CORPORATION, OR ASSOCIATION BY WHOM YOU ARE EMPLOYED OR IN WHOSE INTEREST YOU APPEAR OR WORK.

PRINCIPAL NAME:

ADDRESS:

CITY, STATE, ZIP:

PHONE:

PRINCIPAL NAME:

ADDRESS:

CITY, STATE, ZIP:

PHONE:

PRINCIPAL NAME:

ADDRESS:

CITY, STATE, ZIP:

PHONE:

PRINCIPAL NAME:

ADDRESS:

CITY, STATE, ZIP:

PHONE:

PRINCIPAL NAME:

ADDRESS:

CITY, STATE, ZIP:

PHONE:

PRINCIPAL NAME:

ADDRESS:

CITY, STATE, ZIP:

PHONE:

PRINCIPAL NAME:

ADDRESS:

CITY, STATE, ZIP:

PHONE:

PRINCIPAL NAME:

ADDRESS:

CITY, STATE, ZIP:

PHONE:

PRINCIPAL NAME:

ADDRESS:

CITY, STATE, ZIP:

PHONE:

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS REPORT AND ACCOMPANYING SUPPLEMENTS AND BELIEVE THIS REPORT IS A TRUE, CORRECT AND ACCURATE REPRESENTATION OF MY ACTIVITIES AS A LOBBYIST.

SIGNATURE

DATE